



CERTIFICATE OF LIABILITY INSURANCE

NAME, PHONE, EMAIL & ADDRESS OF AGENCY:		AFFORDING COMPANY:	
NAME, PHONE & ADDRESS OF INSURED:		POLICY NUMBER:	
		EFFECTIVE DATE:	
		EXPIRATION DATE:	
GENERAL LIABILITY		LIMITS OF LIABILITY	
COVERAGE			
___ COMMERCIAL GENERAL LIABILITY ___ COMPREHENSIVE FORM ___ CONTRACTUAL – INSURANCE ___ INDEPENDENT CONTRACTORS ___ UNDERGROUND HAZARD ___ PREMISES – OPERATIONS ___ PERSONAL INJURY ___ BROAD FORM PROPERTY DAMAGE ___ PRODUCTS – OPERATIONS ___ UMBRELLA LIABILITY	BODILY INJURY	EACH PERSON \$ _____ (\$100,000 Minimum)	EACH OCCURRENCE \$ _____ (\$300,000 Minimum)
	PROPERTY DAMAGE	EACH OCCURRENCE	AGGREGATE
		\$ _____ (\$50,000 Minimum)	\$ _____ (\$100,000 Minimum)
	BODILY INJURY & PROPERTY DAMAGE COMBINED	\$ _____ (\$400,000 Minimum – Property Owner) (\$1,000,000 Minimum – Contractor)	
	The City of Kansas City, Missouri, is named as an additional insured with respect to the above named policy when a permit is issued.		
	Cancellation: Should the above named policy be cancelled, the affording company shall mail ten (10) days' notice to the below named certificate holder.		
This is to certify that policies of insurance listed herein have been issued and are in force at this time.			
_____ Agent's Print name		_____ Agent's Signature (Original)	
		_____ Date	
CERTIFICATE HOLDER: City of Kansas City, Missouri 414 E. 12 th Street Kansas City, MO, 64106		_____ City's Representative	
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate in no way changes the policy shown above.			